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APPLICANTS

Brian E. Jones, Palo Alto, CA;
 William D. Grant, Palo Alto, CA;
 Shaun Heaphy, Palo Alto, CA;
 Susan Grant, Palo Alto, CA;
 Helen Rees, Sheffield, ENG, UNITED KINGDOM;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/TEKCHAND SAIDHA/ Examiner's Signature		Initials	CA	5	13	3

ADDRESS

Janet K Castaneda
 Genencor International Inc
 925 Page Mill Road
 Palo Alto, CA 94304-1013
 UNITED STATES

TITLE

Novel Lipolytic Enzyme Elip

FILING FEE RECEIVED 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit